

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | |
|--|--|---|---|----------------------------|--|----------------------------|-------------|---|-----------------|-----------|---|
| 1. Name and Address of Committee EBR LIBRARY PAC 7711 Goodwood Blvd. Baton Rouge, LA 70806 Check If: New Committee _____ | 2. Date of this Statement <div style="text-align: center;">8/28/2015</div> 3. Estimated Membership <div style="text-align: center;">0</div> 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | Report Number: 50717 Date Filed: 9/24/2015 | | | | | | | | | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>EMILIE SMART</td> <td>Chairperson</td> <td>2621 Edward Avenue Baton Rouge, LA 70808</td> </tr> <tr> <td>JO ELLEN KEARNY</td> <td>Treasurer</td> <td>910 S. Acadian Thruway Baton Rouge, LA 70806</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | EMILIE SMART | Chairperson | 2621 Edward Avenue Baton Rouge, LA 70808 | JO ELLEN KEARNY | Treasurer | 910 S. Acadian Thruway Baton Rouge, LA 70806 |
| <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | | | | | | | | | |
| EMILIE SMART | Chairperson | 2621 Edward Avenue Baton Rouge, LA 70808 | | | | | | | | | |
| JO ELLEN KEARNY | Treasurer | 910 S. Acadian Thruway Baton Rouge, LA 70806 | | | | | | | | | |
| 6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 34%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 40px;"> </td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | |
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| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2" style="height: 40px;">On attached sheet</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Address</u> | On attached sheet | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | |
| On attached sheet | | | | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> Subsidiary Committee | | | | | | | | | | | |
| b. Name of Candidate <div style="height: 60px;"> </div> | c. Office Sought by the Candidate <div style="height: 60px;"> </div> | | | | | | | | | | |
| 9. a. Name of Person Preparing Report JO ELLEN KEARNY b. Daytime Telephone (225)231-8618 | | | | | | | | | | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>24th</u> day of <u>September</u> , <u>2015</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> <u>Emilie Smart</u> Signature of Committee/Chairperson </td> <td style="width: 40%; vertical-align: top;"> _____ Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>Jo Ellen Kearny</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top;"> _____ Daytime Telephone </td> </tr> </table> | | | <u>Emilie Smart</u> Signature of Committee/Chairperson | _____ Daytime Telephone | <u>Jo Ellen Kearny</u> Signature of Committee Treasurer, if any | _____ Daytime Telephone | | | | | |
| <u>Emilie Smart</u> Signature of Committee/Chairperson | _____ Daytime Telephone | | | | | | | | | | |
| <u>Jo Ellen Kearny</u> Signature of Committee Treasurer, if any | _____ Daytime Telephone | | | | | | | | | | |

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

RED RIVER BANK

b. Address

5350 Jones Creek Road
Baton Rouge, LA 70817